Approved for use through 7/31/2008, OMB 661-0031
U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a vaid OMB controllumber.

Substitute for Form PTO-875 Effective December 6, 2004										Application of Doct of Number				
L	APPLICATION AS FILED (Column 1)					(T I (Column 2)		SMALL ENTIT			OR	ar	HER	THAN
Ŀ	. FOR	· N	HUMBER FILED			NUMBER EXTRA			-	·	311	SMALL		ENTITY
1	JASIC FEE 37 CFR 1.16(0), (4), (NA		N/A		∸┤	RATE		150.00		RATE	RATE (\$)	
G	EARCH FEE 37 CFR 1 16(K), (1), o	(mt)	· N/A		NIA.		\neg	NA				NIA		
E	XXXIINATION FE 11 CFR 1.16(0), (p), o	F	N/A		1	N/A		. NA	\$26	0		NIA	\neg	\$500
1	OTAL CLAIMS 17 CFR 1.16(II)		—— <u>—</u>					NVA		\$100		NIA		\$200
11	DEPENDENT CL	AIMS	 	ne 50 e .	<u>. </u>			X\$ 25 ·		.	OR	X\$50	7	
	Andrew 1.2.	li the	mk BDOCIFICA	bos not	.4 drawin	ds exceed 100		X100				X200	-	•
(7)	7 CPR 1.16(6))	15 \$25 80dillo 35 U.S	0 (\$125 (0 (\$125 ()nál 50 s i.C. 41 (a	r, the appoint of small the state of the sta	pilcallo entity) fraction nd 37 (بيلامهاه مع							7	,
	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFFI 1.16(II)							+180=	1	\dashv	ŀ	+360=	+	· · · · ·
: K	If the difference in column 1 is less than zero, enter "o" in column 2.							TOTAL	 	\dashv	L		+	• • • • • • • • • • • • • • • • • • • •
	APPL	ICAȚION AS	S AMEN	DED - 1	PART	11			<u> </u>	J		TOTAL	L	<u> </u>
.	102/0	(Co	fumn 2)	(Column 3)	7	SMALL	ENTITY		DR	OTHE SMALL	R TH	IAN		
A LIMENDIMENT A	Total profe Legil	REMAINING AFTER AMENDMENT	Minus	NUMBER PREVIOUSI PAID FOR	HOUSLY FOR	Y EXTRA		RATE (1)	ADDI- TIONAL (N BBR_			RATE (\$)		-ADDI- TIONAL
Ş	Independent Dr CFR 1.16hH	- 10	Minus					X\$ 25 .		OF	, X	\$50	 	FEE di
	Application Size Fee (37 CFR 1.16(s))					1-		X100 =	$\Box I$	Off	1	200		/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								-I				1	
		L	+180= -		OR		360≃	<i>T</i> :						
		Malumu 41						ADO'L FEE		OR	TO AD	TAL D'L FEE		
T	:	(Column 1) CLAIMS	·	(Colu	rmn 2)	(Column 3)	_						-	
	Total	REMAINING AFTER MENDMENT		NUME PREVIO PAID F	er Usly	PRESENT EXTRA		RATE (I)	ADDI- TIONAL		R	ATE (#)	A	DDI- DNAL
	CALLET FIRM	- (,	Minug.	**		x	X	X\$ 25 .	FEE (1)		1		fE	E (I)
	Independent PT CFR LIGHT Analitation Chase		Minus	141			-	X100 _		OR	X\$			
	Application Size Fee (37 CFR 1.16(s))									OR	X21	···		<u>_</u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)							+180=		OR	+3	60=	• •	
• 44	l life entry in colum life Highest Num the Highest Numb to Highest Numb	har Danielania a		i ii na ol	マング は	1855 Uran 20. ac	Al ler *1	OTAL, DO'L FEE or.		OR		LFEE	·	
	NY THOUGH NUMBE	ar Description .	4 d de		UAR B	ress inan 3. ente	(3		omas==-1 :		٠.	•		1
) f	ection of information process) an appl	icelion. Contro	7 87 CFR	1.16. The	hiom	ation is required	lo o	Stale breetile	elandorida	pox in o	olumn 1			[

notifing patients, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the highlight to complete the complete description for reducing the complete the complete description form to the USPTO. Time will vary depending upon the highlighted case. Any complete this form and/or suggestions for reducing this burden, should be sent to the Chief information officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS